AFFIDAVIT

Republic of Suriname) District of Paramaribo) City of Paramaribo) ss: Embassy of the United) States of America)		
Before me, Consul of the United States of	America, in and for the dist	rict of Paramaribo, Suriname, duly
commissioned and qualified, personally ap	ppeared	
who, being duly sworn, deposes and says	as follows:	
My full and correct name is		
and I was born in	Date of Birth:	
My current residence in Suriname:		
I am a Legal Permanent Resident of the USA and bearer of		passport number
, issued at	, expiring on	, which serves as proof of my
identity and citizenship.		
My marital status is: (tick appropriate box)	Married Divorced Widowed Never Married	
My father's full name is		
My mother's full maiden name is		
IN WITNESS WHEREOF I have hereunter. This date:	o personally appeared and se	et my hand
		(SIGNATURE)
SUBSCRIBED AND SWORN/AFFIRME	ED TO before me, the unders	signed consular officer of the
United States of America at Paramaribo, S	Suriname, this	
	_	Consular Officer

Consular Officer
United States of America

THE EMBASSY OF THE UNITED STATES ASSUMES NO RESPONSIBILITY FOR THE ACCURACY OF THE STATEMENT MADE BY THE AFFIANT. For use in Suriname only: Article 1 (d)(a) of the 1961 The Hague Convention Abolishing the Requirement of Legalization for Foreign Public Documents exempts "documents executed by diplomatic of consular agents" from any Apostille requirement.